

AGENCY APPROVED VOCATIONAL REHABILITATION PROVIDER
PROFESSIONAL DISCLOSURE FORM

You have been referred by _____ of _____ for a vocational rehabilitation evaluation. The purpose of vocational rehabilitation is to provide for you an unbiased comprehensive evaluation, and to assist you in returning to appropriate employment as soon as is reasonably possible.

You have both a right and a responsibility to participate in appropriate vocational rehabilitation. Detailed information on vocational rehabilitation and your rights and responsibilities are outlined in the enclosed pamphlets provided by the Michigan Department of Labor and Economic Growth, Workers' Compensation Agency, Vocational Rehabilitation Division.

Following your vocational evaluation, a written vocational rehabilitation plan may be developed as required by the State of Michigan and by your referral source. This plan will outline the purposes for services, recommendations and the assistance needed to facilitate your return to appropriate employment. The length of the plan and the specific services needed will vary with each individual case.

Vocational rehabilitation services will be provided by an agency approved vocational rehabilitation consultant/counselor. You should discuss any concerns you have regarding your vocational rehabilitation program with your consultant/counselor, and/or the State of Michigan Vocational Rehabilitation Division. If you currently have an attorney, or if you retain one in the future, you may wish to keep them updated on your progress as well.

Confidentiality and your informed consent are important issues for you to understand. You are entitled to review and receive copies of all reports and any other case file material prepared by the approved rehabilitation provider. If a third party (i.e. insurance carrier, attorney, etc.) is paying for services, records will be provided to that party. You will be asked to sign a release of information specifying other parties who may be receiving your records. If your vocational rehabilitation consultant/counselor believes you may be harmful to yourself or to others, he/she is ethically bound to report this to the appropriate parties or authorities.

It may be necessary for your vocational rehabilitation consultant/counselor to obtain verbal or written information from other parties (i.e. physicians, physical therapists, your employer, etc.) in order to provide appropriate services. If so, you will be asked to sign a specific release for this purpose. This may involve your rehabilitation consultant/counselor speaking directly to this party. If you are a minor or not your own legal guardian, the information in your file may be available to your legal guardian or advocate. Finally, if your case is litigated, your records and/or your vocational rehabilitation consultant/counselor may be subpoenaed.

By signing this form, I confirm that I have reviewed the above topics with my vocational rehabilitation consultant/counselor and that I understand the information discussed and contained in this document.

Client

Date

Vocational Rehabilitation Consultant/Counselor

Date

Blue Brochure Provided ____ Yes ____ No _____
Initials

Yellow Brochure Provided ____ Yes ____ No _____
Initials

Enclosures:

* *A Summary of your Rights and Responsibilities under Workers' Disability Compensation* (Blue Brochure)

* *Vocational Rehabilitation for Injured Workers* (Yellow Brochure)